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Communications.

AN ESSAY ON THE

THERAPEUTIC VALUE OF CERTAIN ARTICLES OF THE  
MATERIA MEDICA OF RECENT INTRODUCTION.

(Read before the New York State Medical Society, February 4th, 1868, and reported for the MED. AND SURG. REPORTER.)

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Of New York City.

Sulphite of Soda.

In view of the serious responsibility imposed upon all practitioners of medicine, and actuated by the consideration of the duty belonging to each one to keep his colleagues advised of every additional item of experience that may from time to time accrue to him, I solicit the favor of a few minutes attention of this society, for the presentation of the results of an extended and successful experience with the employment of two articles of the materia medica, of comparatively recent introduction. I refer to the *sulphite salts of soda*, and to *glycerine*; the first as an *internal*, and the second as an *external* remedy; with the first named, I have, during the past two years, had a most gratifying successful experience in a large variety of disorders, finding it to afford relief in very numerous cases in which the usual articles of the materia medica, adapted to previous experience, have sometimes failed, but in which this article has failed in scarcely a single one of over three hundred instances of its administration in those cases to which, according to my theory of its *modus operandi*, it was specially adapted.

The chemical composition of this material is as simple as that of any other salt—its two ingredients, *sulphurous acid* and *soda*, being well known. The acid constituent, in its sepa-

rate form, has been long appreciated as one of the most effective antiseptics and deodorizers when used externally. In fact, it is one of the most ancient disinfectants, having been originally employed in its gaseous form, generated by the simple combustion of sulphur. As an antiseptic, a preventer of decomposition and of fermentation, and as a sustainer of the natural composition of nearly all vegetable and animal materials, it appears as useful in the interior, as in the exterior of the organization. On this principle, its efficacy as a remedial agent is chiefly founded, but I have been led to the conclusion that it has an additional value as a promoter of digestion, in cases in which the gastric juice may be deficient in some of its acidulous ingredients.

Preliminary to the discussion of the *modus operandi* of this article, I ask attention to a few remarks upon the fundamental nature and character of diseases in general. Of the numerous branches of medical science, which it is the duty and the interest of its practitioners to investigate and become well acquainted with, having a bearing on treatment, there is none of more profound, complicated, and important character, than the

Etiology of Diseases.

Upon familiarity with this department of professional knowledge, depends in a large degree the capability of addressing remedial, as well as preventable measures. This subject applies not only to the *external* causes of disturbance of the physiological functions, but likewise to internal sources, in other words, to the pathological conditions provocative of the symptoms indicative of deranged action.

Every practitioner of experience is familiar with the existence of a great number of disorders whose remote origin, and true pathological character, are difficult of comprehension, although their general characteristics and

tendencies are well understood, as derived from repeated observations.

The mechanical organization and arrangements of the numerous and complicated structures which compose the animal body, and the physical operations by which the functions of the various organs are carried on, are as well understood by the anatomist and physiologist, as are those of the steam engine or any other apparatus, by the mechanic and engineer,—and as a general rule, the mode of treatment of almost any particular disease, is as plain to an experienced practitioner as is the management of a sailing vessel in a storm to an experienced seaman. There are occasions when the force of the winds, the blasts of lightning, and the turmoil of the sea, are impossible to be overcome, especially with a vessel of frail structure, whereby its loss becomes inevitable. So with the human constitution; its organic structure is frequently so feeble, and the opposition to the elements of life are so utterly overwhelming, that neither nature nor art is able to control them, and in a considerable number of the derangements with which humanity is afflicted, the remote causes are as little known and understood by the physiologist, as are the causes of hurricanes, and of thunder by the navigator.

Some diseases are known to be of a strictly specific character, derived from the introduction into the organism of some peculiar substance to which the idea of *poison* is veraciously applied, and whereby the natural functions are disturbed, and in many instances so extensively deranged, as seriously to impair the vital powers, and for the modification or counteraction of which, what is known as *specific treatment* is required. As examples of this class, we may refer to syphilis, variola, intermittent, and yellow fever.

The *chemistry of physiology* must be regarded as the true quarter whence the real nature of most idiopathic diseases is to be learned. There exists no other structure so complicated, delicate, and numerously varied in its chemical combinations. In none other is there to be found so large a number of the primary elements of nature; in no other laboratory is there so great a number and variety of opera-

tions; and it is owing either to the presence of some foreign matter, to the deficiency or surplusage of one or more of the natural ingredients, or to their mal-combination, that a majority of the diseases are to be properly attributed.

CARPENTER, in his work on the Principles of Human Physiology, page 535, very properly remarks:

"From the part which the blood performs in the ordinary process of nutrition, it cannot be doubted that it undergoes important alterations when these processes take place in an abnormal manner. The alterations must be sometimes the causes, and sometimes the effects, of the morbid phenomena, which constitute what we term diseases. Thus when some local cause affecting the solid tissues of a certain part of the body, produce inflammation in them, their normal relations to the blood are altered; the consequence is that the blood in passing through them, undergoes a different set of changes from those for which it is originally adapted, and thus its own character undergoes an alteration, which soon becomes evident throughout the whole mass of the circulating fluid, and is, in its turn, the cause of morbid phenomena in remote parts of the system. On the other hand, the strong analogy between many constitutional disorders, and the effects of poisonous agents introduced into the blood, appears clearly to point to the inference that these diseases are due to the action of some morbid matter which has been directly introduced into the current of the circulating fluid, and which has effected both its physical and its vital properties."

The symmetry of many diseases which do not immediately depend upon external causes, necessarily involves the idea of the presence of a morbid agent in the circulating fluid. For example, palsy from lead—the agent known to be mingled with the blood, and to be deposited in the parts affected. Among the most frequent causes of depravation of the blood is the retention in it of matters which should be removed by the excretory processes; *e. g.*, carbonic acid, if totally retained by the lungs, will occasion death in a few minutes. The retention of the materials of the biliary and urinary secretions is a fertile source of disorders of the system—often of fatal results.

The most remarkable cases of depravation of the blood by the introduction of matters from without, are those in which these matters act as *ferments*, exciting such chemical changes in the constitution of the fluid, that

its whole character is speedily altered, and its vital properties impaired. Of the causes of blood depravity, one of the most prolific, direct, and most continually in operation, is that function upon which the entire structure of the body is dependent for its renewal and continuance, viz., digestion and assimilation, in which must be included respiration, this being, in fact, the last act of digestion. Very numerous diseases are well known to derive their existence from either the imperfection of this function, or from the inclusion of improper material.

In DRAPER'S *Physiology*, we are informed, page 77 :

"The imputed control which the alkalinity or acidity of the digestive juices exerts in determining the result, illustrates the important function discharged by common salt, which furnishes to the juices of the stomach and intestines the characteristic ingredients they require, by breaking up readily into hydrochloric acid and soda, and re-forming at once whenever these materials are brought in contact."

CARPENTER, in the work before quoted, remarks, page 503 :

"This fluid (gastric juice) of which the existence has been denied by some physiologists, is not very unlike saliva in its appearance; it is, however, distinctly acid to the taste; and chemical analysis shows that it contains a considerable proportion of free muriatic acid, and also some acetic acid. The former must evidently be derived from the decomposition of the muriate of soda contained in the blood, the remote source of which is the salt ingested with the food. Besides these principle ingredients, the gastric fluid contains muriates and phosphates of potash, soda, magnesia, and lime."

Prof. DUNGLISON, in his work on *Human Physiology*, states :

"The quantity of free hydrochloric acid was surprising; on distilling the gastric fluid, the acids passed over, the salts and animal matter remaining in the retort; the amount of chloride of silver thrown down, on the addition of nitrate of silver to the distilled fluid, was astonishing."

THOS. CHAMBERS, M. D., in his work on *Digestion and its Derangements*, remarks :

"It may be considered settled, that for *healthy digestion, an excess of acid is necessary*. In dogs it may be considered as settled by the experiments of Drs. BIDDER and SCHMIDT, that the necessary free acid in the healthy state is the hydrochloric. This is the result of eighteen experiments made upon the gastric juice of the animals named, after fasting from eighteen to twenty hours, in all of which there was found free hydrochloric, and not a trace of any organic acid. On the whole, the evidence at present

seems to point to the conclusion, 1st, that most probably free *hydrochloric acid* is normally present in the healthy gastric juice when it freely exudes on the presence of a natural stimulus; 2d, that it is present in smaller quantities in man than in dogs; 3d, that in man it may be easily neutralized and rendered undiscoverable by the gastric juice being overpowered by a comparative excess of mucus or saliva, normally in excess in fasting, abnormally so in disease."

M. SCHMIDT, by recent observations made on the gastric juice of a woman having a gastric fistula, calculated that 580 grammes (about 24 ounces) were secreted in an hour, which would give 14 killogrammes (about 36 pounds) a day, being about one-fourth the weight of the body. The following is given by M. SCHMIDT as the result of nine analyses of the gastric juice of the dog, obtained as pure as possible; 1000 parts contained :

Water,	973.062
Organic matter, . . . .	17.127
Phosphate of lime, . . .	1.729
"    "    magnesia, . .	.226
"    "    iron, . . . .	.082
Free hydrochloric acid, . .	3.030
Chloride of potassium, . .	1.125
"    "    sodium, . . .	2.507
"    "    calcium, . . .	.624
Chloro-hydrate of ammonia,	.468

According to M. VELPEAU, it is permanently acid in different degrees, a fact established by the experiments of LEURET, LAS-SAIGNE, TIEDEMAN and GMELIN.

Considering the exceedingly complicated character of this fluid, and the very profound nature of the chemico-physiological operations it is required to undergo in combination with the multiplicity of material imbibed as food and condiment, and it being the primary foundation of the "house we live in," it is clear that any deficiency in its chemical ingredients, or the presence of any material in the stomach upon which it cannot properly act, must result in deficient nutrition of the blood, and consequently of various parts, and possibly of the whole structure of the body.

To whatever circumstance indigestion may be owing, whether to deficiency of amount of gastric juice, the privation of some of its essential ingredients, or to a defective capacity of the circulatory or nervous functions, (upon the integrity of which this function is also largely dependent,) the contents of the stomach must undergo the decomposition and

fermentation, which invariably occur with all dead animal and vegetable matter when confined in vessels where they are subject to the continued influences of heat and moisture. To this natural operation are due the generation of gases which give the symptom of flatulence, pervading both the gastric and intestinal organs; also the nausea and eructation of the food, so frequent in dyspepsia; and likewise the epigastric pains, so distressing in many instances; together with the diarrhoea, dysentery, colic, and hepatic congestion and torpor, so frequently resulting from the presence of the foreign masses thus retained, and imparting, to a greater or less extent, foul and injurious ingredients to the blood by absorption.

My experience with the remedy referred to in the treatment of diarrhoea, dysentery, cholera morbus, as well as dyspepsia, has been most decidedly beneficial. From five to twenty, forty, or sixty grains, according to the age of the patient and the severity of the symptoms, administered two, four, or six times a day, have, in almost every instance, had the effect of speedily arresting the discharges, and relieving the nausea and the colicky irritation. I could cite several cases in which its efficacy has proven as prompt as any other remedy before tried, and in not one have I seen any bad effect or failure. As to its *modus operandi* in these complaints, it seems to act in the double capacity of an antiseptic and astringent. On the latter principle, its influence appears sometimes almost as speedy and efficacious as opium. In cases of constipation derived from torpor of the liver, or deficient peristaltic power of the intestinal tube, its corrective influence over almost all functions aids to restore a healthy action of the muscles of the bowels.

In dyspepsia its efficacy has been most marked, especially when the disorder is accompanied with flatulence and eructations of food. These symptoms are doubtless the result of the decomposition and fermentation of the foreign material in the stomach itself, from one or more of the causes before mentioned. In such cases the sulphite salt operates, in the first place, as a direct and powerful ar-

restor and preventive of the decomposition of the food, in the same manner as it does on the outside of the body; and, in the second place, its acid constituent, either in its original sulphurous form, or by its advancement to the sulphuric form, doubtless compensates for some of the deficiency of the gastric juice, and in this way completes the digestive process as far as the gastric function is concerned. The form of administration which I have found most useful and successful in dyspepsia and its attendant circumstances, is in combination with tonics and carminatives, avoiding alcoholic stimulants on all occasions. My chief combination is tincts. of cinchonæ comp., and cardamoms, and syr. aurantii, with the sulphite salt in separate solution, combining the two at the time of administration.

It speedily arrests the fermenting process which the contents of the alimentary canal so frequently undergo, eliminating gases, producing symptoms of flatulence, and which doubtless in many cases is the cause of the diarrhoea, nausea, colic, and other attendant symptoms. For the arrestation of this process of decomposition and fermentation, I have found no means equal to sulphurous acid in the form of a sulphite salt. In several instances in which flatulence was a very prominent symptom, one or two doses of the salt appear to have immediately arrested and removed it. As an illustration of its value in dyspepsia, the following extract is quoted from a letter received from a recent member of the General Government in Washington:

"Washington City, Jan. 8, 1867.

"Dr. J. H. GRISCOM.

"Dear Sir—You remember your medical prescription. I procured it; and from taking the first dose, I felt no more of that dyspeptic trouble. I took faithfully the twelve powders and the liquid, and believe they have been of more benefit to me than all the medicine I have taken for years. Since then, several of my friends have been complaining, in my presence, of the same trouble I had, and I have immediately given them the apothecary's number of your prescription, and in the only report I have had, it cured the gentleman just as it did me. I am not sure I shall not set up 'Doctor for Heartburn,' on your capital."

There is another disorder in which the intestinal canal is chiefly involved, and accompanied with other serious disturbances, in



which, though it has not fallen to my lot during the past two years, to have obtained any experience in the treatment with this or any other remedy, having seen no case of it, I yet should unhesitatingly and with full confidence, administer it. I refer to *cholera Asiatica*.

Sulphuric acid, diluted in the form of a beverage, has gained, in France, considerable reputation in the treatment of epidemic cholera, its remedial effects being attributable to its antiseptic powers, and to its influence in destroying cryptogamic parasites and organic germs. In sulphurous acid we have a preparation of the same ingredients in different proportions, possessing the same advantages combined with the additional one of being a powerful antiseptic and deodorizer, in its native form, and then, by conversion into sulphuric acid, possessing all the advantageous properties of the latter.

In any disease whatever, in which the digestive function is impaired, whereby the recuperative faculties of the entire system must be more or less diminished, the capacity of the sulphites in arresting the decomposition and fermentation, and thus preventing the additional trouble and increase of derangement necessarily resulting therefrom, is a most valuable *adjuvant*. A marked illustration of this theory is found in typhus fever and other analogous disorders. In that species of derangements, the digestive powers are manifestly reduced, at the same time they are our principal reliance for the addition of the antitoxic remedies to the circulating fluid.

In the diseased condition known as *Scorbutus*, there is a most direct demand for proper alimentary material, and therein we find the sulphites valuable, not only as a means of suspending the fermenting process, but also, by the agency of both its acid and alkaline constituents, promoting digestion itself.

But it is not alone upon the contents of the stomach and bowels, with which the salt comes in direct and immediate intercourse, that its antiseptic and antizymotic influence is exerted. This, as before suggested, is probably due to the action of the sulphurous acid derived

from the decomposition of the salt. But there are many diseases of a zymotic character, derived from causes wholly independent of the digestive function, upon which this agent has been found to exert a curative influence as rapid and efficacious as in those already referred to.

We have several reports in medical journals, of its efficacy in intermittent and typhus fevers, in scarlatina, small-pox, and measles, the theory of its action in which is, that the acid is absorbed into the blood itself, and therein exerts its antiseptic properties directly upon the materies morbi which give rise to the disorders.

Even in yellow fever, the real chemico-physiological cause of which has not yet been satisfactorily made known, it was last summer, during the prevalence of that disease in the West Indies, reported by the medical officers of the British fleet, to have produced highly favorable results.

Its value in erysipelas I have had the gratification of testing in several cases. In one case in the New York Hospital, found on the face of a delirium tremens patient, a few doses of the salt wholly relieved that symptom in twenty-four hours. In this peculiar disorder there would seem to be a very plain reason for its usefulness, it being a disease whose source is most plainly derived from internal derangement of the blood, producing obstruction of the functions of the capillary circulation of the skin, thus giving rise to congestion and inflammation. That it is derived from some chemico-pathologic alteration of the blood, there can be no doubt, although we know not the true nature of the change.

In several cases of tracheal and pharyngeal catarrh, I have also observed singularly beneficial results from its administration in connection with local treatment, this disorder being considered as based upon the same foundation as cutaneous erysipelas.

The origin of many cases of idiopathic pneumonia, peritonitis, pleuritis, and other disorders embraced in the same nosological class, is a question of the highest scientific importance, both in relation to the nature of the disease and its treatment. In the remarks of

CARPENTER, before quoted, relating to the changes produced upon the blood by *local causes*, thus giving rise to morbid phenomena in distant parts of the system, we have an intimation of the influence of the alterations of the blood disturbing the capillary functions; whence it is easily perceivable that the so-called inflammatory affections just named may be the direct effects of morbid changes in the blood, introduced by other than local causes. In the treatment of these diseases and others of similar character, such as erysipelas, gastritis, enteritis, hepatitis, and all others of idiopathic origin, it is rational to look into the chemical condition of the vital fluid, both for their origin and for the means of restoring it to its healthful condition. There is one very common disorder, the chemical origin and cause of which is now almost universally admitted, and for which chemical anti-toxic treatment is very generally found available. I refer to rheumatism, which is known to be dependent upon a hyper-acetic condition of the blood, and capable of neutralization by the use of alkaline medicines. The alkaline salt, known as tart. pot. et sod. has proved in latter years to be an almost uniform remedy for all forms of this disease. In a recent paper on this topic by Professor J. H. SALISBURY, of the Charity Hospital Medical College, Cleveland, Ohio, contained in the last October No. of the *Amer. Jour. of Med. Sciences*, we are presented with a very lucid exposition of the several varieties of this disorder illustrated by microscopic expositions. He remarks: "We have four or more types of rheumatism, which may be designated as follows: 1st, Lithic; 2d. Oxalic; 3d. Cystinic; 4th. Phosphatic." All of these acidulous conditions are discernable by microscopic examination of the blood, demonstrating the several primary elements by the varied character of the parent gland cells.

It is not unreasonable to suppose that these various changes are the results of imperfect digestion and assimilation, varying in character according to the nature of the dietary, or functional powers of the patients—improvement in both of which may, in very many cases, be secured by the subject of this paper.

The nervous system, in both its centres and branches, being also dependent for its integrity and healthful energy upon its proper nutrition, there is equally good reason for the opinion, that many of its derangements, such as hysteria, neuralgia, and even paralysis and meningitis, may be due to imperfect or deranged nutrition, as certainly as is delirium tremens, and in many such cases, the use of an agent for the purification of the nutrient fluid may be found directly influential in restoring a sound state of that organization, and likewise as in almost all other functional disorders, it may be found to be an important adjuvant to other essential remedies.

A case of unexpected relief to the mental functions, derived from its administration for a physical disease, will presently be reported.

In that peculiar pathological condition of the blood and cutaneous organization which is manifested by the production of numerous furuncles, commonly known as boils, the administration of sodæ sulphis, in combination with the carminative tonics, has proved, under my observation, a very perfect and rapid remedy. The same remark is applicable to another cutaneous disorder, dependent wholly upon gastric derangement. I refer to *urticaria*.

During the preparation of this essay, the most extensive and violent case of this disease that ever fell under my observation, came under my care. It was a lady aged 17, who had suffered greatly for several days with nausea, sleeplessness, an eruption covering almost the entire cutaneous surface, and accompanied with excessively violent itching. In twenty-four hours, a few doses of forty grains each, of sodæ sulphis, combined with carminative tonics, and a local external application of a solution of the salt, relieved all the symptoms to a great extent, and in forty-eight hours, they all wholly disappeared, leaving the patient in good health.

Another application of this salt, which I have found both highly interesting and valuable, is, in the case of infants, by whom their natural food, the mother's breast milk, is frequently rejected.

A dose of two to five grains in combination with a few drops of the tinct. card. c., sweetened

with a little syr. aurantii, has in many instances proved directly successful in causing a retention and assimilation of the stomach's contents, when administered soon after imbibition, thus greatly promoting the health and strength of the juvenile.

There are three forms of this salt, viz., the sulphite, the hyposulphite, and the bi-sulphite—the first of which has been my principal dependence, though the others, when employed in proportionate quantities for the supply of the acid constituent, are equally useful. The only objection to the bi-sulphite is its being somewhat uncertain as to the proportions of acid contained in it, unless kept in solution, as a portion of the gas is liable to escape when exposed to the air in the crystalline form.

#### HOSPITALS.—BRITISH, FRENCH, AND AMERICAN:

*To which is appended a Glance at the British Islands, France and America, Ethnological, Climatic, and General, etc., etc.*

By EDWIN R. MAXSON, M.D.,

Author of *Practice of Medicine, etc.*  
Of Philadelphia.

Having been abroad in Europe during the summer of 1867, for medical observation; and having visited and attended the hospitals of Greenock, Glasgow, Edinburgh, London, Liverpool, Dublin, and Paris, for longer or shorter periods; and having previously, and since my return, visited the hospitals of Buffalo, Utica, Montreal, Quebec, New York, Brooklyn, and Philadelphia, I propose to speak *descriptively* and somewhat *critically*, of the hospitals of Greenock, Glasgow, Edinburgh, London, Liverpool, Dublin, and Paris, separately, and in the order in which I have named them, concluding with some general remarks in relation to the American hospitals above named; hoping to draw some conclusions that may be of interest, so far as hospitals are concerned; and, if possible, to elucidate a few medical, surgical, and obstetrical, as well as hygienic principles.

And while I shall purposely avoid all minutiae of detail, I hope to be able to give such general and practical observations in relation

to the hospitals above named, abroad and at home, as may be of general interest to physicians and students. And in doing this I shall necessarily refer to some of the physicians and surgeons in attendance, as well as to the prevailing diseases in each, etc. And further, as I wrote from abroad\* most of that which I discovered that was specially *new*, I shall purposely avoid so much as was thus written and published, in order not to repeat, and thus weary the patience of any.

First, then,

#### GREENOCK HOSPITAL.

The Greenock Infirmary is pleasantly situated in the very considerable town of Greenock, on the river Clyde, in Scotland, about twenty miles below Glasgow. The hospital has, I believe, from one to two hundred beds, and is very well arranged and conducted. And though on a side-hill, making the surface drainage excellent, the whole town is very damp and well calculated to develop typhus fever, bronchial and rheumatic affections, which are the prevailing diseases in the hospital, together with the usual variety of surgical cases, etc.

The resident and visiting physicians, Drs. CAMPBELL and FOX, are gentlemen, who not only treated me very politely, but appeared to exercise a kind supervision over the patients under their care; their medical and surgical treatment being, though conservative, as appeared to me, very judicious. That which struck me most forcibly in this hospital, it being the first I was in abroad, was the ample supply of nourishment, including milk, broths, egg, toast, etc., allowed the patients; entirely in accordance with my own notions in relation to the nourishment of patients, so earnestly recommended by me in this country, in my Lectures, Practice of Medicine, and private practice.

#### GLASGOW HOSPITALS.

The hospitals of Glasgow that I shall mention are, the Royal Infirmary; the Glasgow Eye Infirmary, having accommodations for boarders as well as out-patients; and the Dis-

\* In a series of letters to the MEDICAL AND SURGICAL REPORTER, in 1867.

pensary for Diseases of the Skin, of Dr. McCALL ANDERSON; and in the order in which I have named them.

#### *Royal Infirmary.*

The Royal Infirmary of Glasgow, containing accommodations for four or five hundred patients, is very well situated on a rise of ground in the old part of the city, near the old University and the Cathedral of the twelfth century. It is substantially built and very well arranged, having all the necessary appurtenances for a first-class hospital, including lecture rooms, instruments, etc.

It has an excellent corps of nurses, able residents, and eminent visiting physicians, including Drs. LEISHMAN, GARDNER, BUCHANAN, MACLEOD, and WATSON, and others I need not mention; men doing as much for the advancement of medical, surgical, and obstetrical science, in my opinion, as any in the British Islands. With one eye impartially turned to American improvements, and the other intent upon their numerous and instructive cases, glancing occasionally across to the Continent, they show themselves worthy of the high position they occupy.

The diseases that come under their observation, are the usual variety, including medical and surgical cases; and among the former, *typhus fever* may be regarded as predominating, though pulmonary, rheumatic, and almost every form of disease common to our climate may be found there. *Inflammatory* affections, however, including pneumonia, pleurisy, etc., are generally of a more passive or asthenic character than with us in America. And I must say, that the surgical cases, or such of them as were the result of contused, lacerated, and incised wounds, and compound fractures, etc., under the general supervision of Prof. LISTER, with the carbolic acid applications, were really apparently doing better, and making more rapid recoveries than any similar cases I have seen anywhere, in hospitals or private practice. And, it appeared to me, that the antiseptic effect of the carbolic acid thus used upon these cases, affecting the atmosphere of the wards, was not lost upon all the patients in those wards; and, in fact, in the entire hospital, so far as its influ-

ence was extended by evaporation, being conducted by the air, giving a decided tendency to resolution in all local, and even a more rapid convalescence in most general affections, medical as well as surgical. And it may not be improper for me to state here, that I was not alone in this observation and conclusion.

#### *Glasgow Eye Infirmary.*

This excellent infirmary, situated near the Clyde, in the eastern part of Glasgow, conducted by Drs. MCKENZIE and RAINEY, his partner, affords accommodations for boarders, and perhaps from thirty to fifty out-patients may be prescribed for daily, judging from what I saw; Dr. RAINEY having the principal charge; Dr. MCKENZIE being advised with in bad cases, but on account of his age, generally at his residence, I believe.

While at this excellent infirmary every variety of disease of the eye is prescribed for and treated in the most rational and judicious manner, *scrofulous ophthalmia* appeared to predominate. And I was pleased to find that everything possible was done by way of clothing, food, etc., that could be made to act remedially; and then cod-liver oil, iron, etc., used internally; the local applications, if used, being generally of a soothing character, as atropia, two grains to the ounce of water, or wine of opium, applied to the inverted upper lid, by a camel's-hair brush, as most convenient.

While, however, such cases receive this general conservative treatment, *iritis* is met by cathartics, leeches, calomel, belladonna, iodide of potassium, warm sitz-baths, etc; *catarrhal ophthalmia*, by cupping, leeching, the sitz-baths, and the solution of atropia, two grains to the ounce of water, locally, with the brush; *ulceration of the cornea*, by cathartics, leeches, blisters, and the application of a solution of nitrate of silver, ten grains to the ounce of water; and *rheumatic ophthalmia*, by iodide of potassium and the solution of atropia, or wine of opium to the eye, as in the other affections; while the operation for *cataract* is by *extraction*, it being regarded as superior to that by depression, as sometimes practiced in other places. And, for Dr. GEORGE RAINEY, the efficient manager of



this excellent infirmary, with the advice of his venerable partner, Dr. McKENZIE, I predict a brilliant future, should his life and health be spared. A more perfect gentleman I never met. He is, also, an accomplished scholar.

*Dispensary for Skin Diseases.*

Dr. McCALL ANDERSON'S Dispensary for *Diseases of the Skin*, with a convenient building, in a central part of the Old Town, with lecture, reception, waiting-rooms, etc., is one of the real beneficiaries of Glasgow; being admirably conducted, and affording an excellent opportunity for the students of the two medical universities, to become thoroughly acquainted with skin diseases, and their treatment.

Dr. ANDERSON is lecturer on the Practice of Medicine, in ANDERSON'S University; has published a valuable work on *eczema*; and treats in the most rational and common sense manner, the large number of cases that resort to his dispensary for relief; including every variety of skin diseases; among which, the papular, vesicular, and pustular eruptions, classed by the Dr. with erythema, as *eczematous*, may be the most common. *Scabies*, however, and the other animalcular, as well as *scabby* and *cryptogamous* eruptions, etc., are by no means infrequent.

Without going into detail, I will only add, that the first inquiry of the Dr., is to ascertain the *character* of the disease, and its *cause*. Then, like a rational common sense man, after removing the cause, as far as possible, he strives to correct the deranged condition of the system, upon which the local disease may depend, when such general derangements exist; after which, such stimulating, soothing, antiseptic, cleansing, or other remedies, as may be indicated, are applied, thus making, as appeared to me, all his prescriptions strictly rational. It is not strange, that under such a rational, judicious course of treatment, his patients should so very generally rapidly recover. Very much is accomplished by ablutions, proper food, clothing, etc. *Internally*, as alteratives and tonics; arsenic, mercury, syrup of iodide of iron, cod-liver oil, etc., are mainly relied upon; while

*externally*, oxide of zinc, carbolic acid, potassa sulphur, cod-liver oil, etc., are often used, when clearly indicated. The Doctor is yet a comparatively young man; and, having a good constitution, and a thorough education, is doubtless destined to fulfil his mission, as a physician, with great credit to himself, and honor to our noble profession. In fact, there are few men, at home or abroad, in whose intimate friendship, I feel a more lively satisfaction.

EDINBURGH HOSPITALS.

The Royal Infirmary and CHALMER'S Hospital of Edinburgh, are worthy of a passing general notice; in part from the *extent* of the one, and the neatness and fine situation of the other; and also, on account of the high standing of the physicians and surgeons in attendance there. They are also of extraordinary interest, on account of the illustrious names that have been associated with them in the past.

*Royal Infirmary.*

The Royal Infirmary of Edinburgh, has I believe, accommodations for nearly five hundred patients, being quite well situated, near the University in the Old Town, a little east of the ancient street leading from the old Parliament House to Holyrood Palace, on which, a little to the west of the infirmary, is JOHN KNOX'S house.

It is a substantial stone structure, tolerably well arranged; having ample lecture rooms; and most of the conveniences of modern hospitals, of such capacity; and some comforts in its arrangements, unknown to many of them. Its nurses are attentive; the residents gentlemanly; and I need not say, that the visiting physicians and surgeons are among the most able that grace the wards of any hospital, anywhere; of whom I may name Professors SYME, BENNETT, LAYCOCK, SIMPSON, DUNCAN, WATSON, etc., as the most prominent.

Almost every variety of disease may be found here, common to the climate. And, though *typhus fever* may perhaps be less predominant than at Greenock or Glasgow, I think it must be admitted, that all, even inflammatory diseases, including pleuritis and pneumonia, are of an asthenic or passive char-

acter, with perhaps very few exceptions; none of the inflammatory affections, however, appearing to me to be of that active sthenic character, sometimes met with even in our hospitals in this country.

*Scrofula* and *tubercular phthisis* may be regarded as quite prevalent; though the former perhaps less so than at Glasgow; and of surgical cases they have about the usual variety. It may also be proper to state, that *typhoid fever*, though not very prevalent, may be found to a limited extent.

*Carbolic acid* is used here, as in the Royal Infirmary of Glasgow; and *fractures* of the femur are treated by Dr. SWINBURNE'S method, extension being made by the pulley and weight. It is called, in Edinburgh, the "*American method*;" and the results have been, as I was informed, more satisfactory than by any other. Surgical cases, generally, appeared to me to be very judiciously treated; Professor SYME and Dr. WATSON appearing to have a lively interest for the comfort, safety, and permanent welfare of their patients.

*Scrofula*, *tubercular phthisis*, and other kindred diseases, are treated by good food, cod-liver oil, iodine, iron, etc., and as appeared to me, very judiciously; the laryngoscope being resorted to, as a means of diagnosis, in laryngeal complications, or primary affections.

*Typhus fever* is treated, mainly, and it appeared to me, too exclusively, by milk, beef-tea, eggs, etc. For, though the good nourishment is clearly indicated, in all the cases, it appeared to me that other valuable remedies might often have been made available in fulfilling indications, had not the all-sufficiency of the nourishment alone, been so exclusively relied upon. In fact, I believe that many of the cases might have been arrested, or very much cut short, by the use, in addition, of quinine or fluid extract of bark.

*Pneumonia* and *pleuritis*, as they occur in the Royal Infirmary of Edinburgh, being generally of a decidedly low, passive, or asthenic character, as I have already stated, may very generally require the tonic and even stimulating course of treatment, adopted, and so strongly recommended by Professor BENNETT; and especially the pneumonia. In fact, I do

not remember to have seen a case there, that I would not have treated with tonics, stimulants, and good nourishment. Though cases, I believe, sometimes occur, in which even Dr. BENNETT discovers indications for slightly lowering or depressing treatment; and I have no doubt but that pleuritis may quite often require *local* depletion; and possibly, in some cases, *general*; and, were the *local* more generally resorted to, in pleuritis, in connection with the tonics, stimulants, and good diet, it is my opinion fewer cases of hydrothorax would follow. But perhaps not.

Professor BENNETT is a close observer; never, I think, administering a remedy without a clear indication. He has done, and is still doing very much, by his close observations, and the exercise of his master mind, to do away with the unnecessary, irrational, and worse than superfluous administration of medicines, when not clearly indicated; and in substituting a more rational treatment of disease, as it has fallen under his observation.

I cannot leave this venerable old infirmary, without saying what I am compelled to; that the physicians and surgeons that now grace its wards, including Professors SYME, BENNETT, SIMPSON, WATSON, LAYCOCK, and DUNCAN, besides being an honor to the positions they occupy, professionally, are gentlemen, in every sense of the word. And to Professors SYME, BENNETT, SIMPSON, and WATSON, especially, I am under great obligations; and am happy in being able to regard them as among my most cherished friends.

#### *Chalmer's Hospital.*

*Chalmer's Hospital*, situated in the South-eastern new portion of Edinburgh, is on a smaller scale, accommodating, perhaps, between one and two hundred patients. It has a beautiful green field or park in its rear; and is well situated and arranged for such a beneficent purpose, though somewhat more private in its character than the Royal Infirmary.

I was introduced there by Dr. WATSON, who appeared to have the general supervision, being, as appeared, Visiting Physician and Surgeon, as well as one of the Surgeons to the

Royal Infirmary, and withal a most accomplished gentleman, in every sense of the word. The Resident, also, though evidently not often interrupted by visitors, showed me every possible politeness, and cordially invited me to spend as much time there as I could afford to.

Under such direct and general supervision, with such a situation and surroundings, it is not strange that very great success should attend the cases, medical and surgical; and such I believe to be the case; their patients being cleanly, well fed, and evidently receiving judicious treatment, in every respect.

*Chloroform* is used, as I noticed, as well as *carbolic acid*. Dr. WATSON, in removing a loose or movable cartilage from the knee-joint, as I noticed, first dipping his forceps and bistoury in a mixture of equal parts of carbolic acid and linseed oil; and after its removal, and closing the cut by metallic sutures, without washing off the blood, applied a cloth wet with the same mixture, and then over this a paste made of one part of the carbolic acid to four of the oil, mixed with sufficient prepared chalk to make it spread on block-tin, as used by Prof. LISTER, at Glasgow, and at the Royal Infirmary of Edinburgh, by WATSON and SYME.

Dr. SWINBURNE'S method of extension by the pulley and weight, is in use at this Hospital, as well as at the Royal Infirmary; and Dr. WATSON assured me that he got, beyond all comparison, the best results from it, in fractures of the thigh. I noticed in the use of chloroform, at Chalmers' Hospital, as well as at the Royal Infirmary, that it was administered from a *folded* cloth, thus allowing the patient a full supply of air; a precaution which they claim has saved them from fatal results in its administration; and I am confident that it is by far more safe thus administered, than by a napkin, in the form of a hollow cone, fitting over the nose, as I have sometimes witnessed.

Finally, in closing this very general account of my observations in the Hospitals of Scotland, I will only add, that the Scotch physicians and surgeons are not afraid to acknowledge and adopt American improvements, when discovered to be such. This fact, together with their close observation of

disease, in all its forms, and the hints they receive from the Continent of Europe, to which they are ever alive, has enabled them to make great advancements in medical, surgical, and obstetrical science. And I was most happy to find that my own views in relation to nourishing patients, so freely announced in my Practice of Medicine and Lectures, in this country, are fully sustained, not only the principles, but also the particulars; *milk* standing first on the list, as I have always contended; eggs, toast, etc., during convalescence. And it may be proper to state, in conclusion, that to Professors BENNETT, of Edinburgh, and GARDNER, of Glasgow, are mainly due the credit of establishing, not only in Scotland, but throughout the British Islands, the long undiscovered fact, that the sick should not be allowed to starve, any more than the well. I may be allowed, also, to state, that Sir JAMES SIMPSON highly approved of my method of changing *shoulder* into *natural* presentations, by the position of Prof. THOMAS, for reducing prolapsed cord, with slight manipulation, saying, that I was ahead of them all in this, though he had himself thought of something similar; stoutly condemning external manipulations to change abnormal presentations, on account of the danger of detaching the placenta, and causing fatal hemorrhage, should the cord be around the neck of the child, as is often the case; and I may add, that Prof. THOMAS'S method of replacing prolapsed cord, he highly approves.

[To be continued.]

Professor August V. Vogel.

We notice, in recent exchanges, the death of the celebrated German chemist, Professor AUGUST V. VOGEL, M. D., in his ninetieth year, up to which advanced age he retained the fullest vigor of body and mind. He was the oldest member of the Munich Academy of Sciences, and was particularly distinguished for his analysis of the various mineral waters in his native kingdom of Bavaria.

— PROF. JOSEPH JONES, OF NASHVILLE.—We are pained to hear that the residence of Professor JONES was recently destroyed by fire, together with many of his most valuable manuscripts.

## Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }  
February 8th, 1868. }

CLINIC OF J. M. DA COSTA, M. D.

Reported by Dr. Napheys.

### Gingival Line in Phthisis.

Eliza M., æt 30, married. This case is exhibited on account of a sign which is present, rather than because of any importance in a diagnostic or therapeutic point of view. Her mother died of consumption, and one child of acute hydrocephalus, and therefore, presumably, of tubercular meningitis. She came into the hospital with evident signs of phthisis. She has improved a good deal on cod-liver oil, and sub-nitrate of bismuth, the latter being given on account of irritability of the stomach. The vomiting in the morning, to which she has been subject, has been still more favorably influenced by carbolic acid, of which she has taken one drop in a little glycerine and water in the morning. The only way in which she could take the cod-liver oil was in the form of an emulsion with peppermint water and liquor potassæ.

She presents around both the upper and lower gums, a marked red line. This gingival line is supposed to be indicative of phthisis, and in point of fact it often does occur in that disease. It is of particular value when it happens in women, in whom it is not so apt to occur as in men, unless associated with tuberculous disease. An explanation which has been given of its causation is, that the blood which has become vitiated, as must necessarily be the case in a tubercular affection, congests the gums, filling the capillaries, and that the more superficial portions of these distended vessels have the blood in them, readily acted on by the oxygen of the atmosphere. Although this explanation may well be contested on physiological grounds, yet it is the only one having any probability attached to it, which has been offered to show why persons with certain states of the system, particularly tubercular, should have this red line about the gums.

### Emphysema.

Wm. H., æt. 50. This patient has been in the hospital for several months. He was in vigorous health until seven years ago, when he had an attack of acute bronchitis, for which he was treated in this hospital. He recovered perfectly, and went to the north-west, where, as farmer and trapper, he was much exposed to the vicissitudes of weather. For the last five or six years,

he has had a hacking cough, not accompanied by expectoration. Gradually, however, expectoration has made its appearance until there is now a good deal of it. With this increasing expectoration, there has been increasing cough. For some time back, at least two years, he has been troubled with shortness of breath on exertion, and within the last eighteen months before his admission, he had occasional attacks of dyspnoea, which, however, were not very severe, until a month before admission. On admission, the eighth day of November, he was suffering from what was pronounced to be bronchitis and emphysema, and treated with lobelia, belladonna at times, and counter-irritation.

At times his cough is worse, in damp weather and after exertion. It keeps him awake at night. He is not free from attacks of coughing day or night, longer than a half hour. The attacks of coughing last about five minutes, and are always followed by expectoration. The expectoration is purulent, it might be called a nummular spatium, very much like that of phthisis, consisting of large greenish masses, floating in a thin serous like fluid. Yesterday it contained a good deal of blood, this is, however, of unfrequent occurrence. Dyspnoea is a constant symptom, preventing him from lying down at night. He suffers a good deal from palpitation of the heart, and is losing flesh.

His face has a dull suffering look, expressive of distress in breathing. The lips have a blueish appearance, and the whole color of the face, and of the chest walls, inclines to a blueish tinge. He is a well developed, powerful man, with prominent chest. There exists bulging of the intercostal spaces, or at least prominence of those spaces.

Percussion of the left side anteriorly shows extreme resonance. The same is observed on the right side anteriorly, though not so marked. Posteriorly, this difference also exists at the upper portion of the lungs, below it is lost. The lungs are resonant below the angle of the scapula, but they are not extremely resonant. Auscultation on the left side anteriorly, detects an ill-developed respiratory murmur, mixed with some moist râles, and somewhat prolonged expiration. Very much the same is found on the right side anteriorly. In truth, throughout the lung, anteriorly and posteriorly, there are ill-developed respiratory sounds, almost absent in parts, and mixed here and there with a few fine râles. The expiration is in parts prolonged, but not as prolonged as might be inferred from the character of the inspiration, and from the known character of the disease.



The heart is beating ninety six times in a minute. The cardiac percussion dulness is rather large, and the impulse fluttering and distended. The patient has dilated hypertrophy.

This, then, is a case of emphysema of the lungs, with dilated hypertrophy of the heart as a consequence. The frequent attacks of bronchitis to which the patient has been subject, have led to a change in the contractile power of the lungs. It is not possible to explain the phenomena here present in any other manner. The impaired, almost abolished respiratory sounds, the few râles admixed with a certain amount of prolonged expiration, the extreme clearness on percussion, and the constant shortness of breath, leave no doubt as to the case being one of emphysema associated with more or less bronchitis.

The treatment should be a double one, to modify the bronchial trouble which keeps up the affection, and to alleviate the difficulty of breathing which at times rises into paroxysms, attacks of asthma. In point of radical treatment, there are no known means which will cause these distended air vesicles to resume their natural size. As a matter of absolute experience, Dr. DaCosta has sometimes thought that he had seen in cases of pure emphysema, not associated with bronchial symptoms, a long course of iodide of potassium, (three to five grains ter die, for several months,) favorably influence the disease, the respiratory murmur becoming fuller and freer, and the prominence of the chest walls less visible. Good results are also obtained from persistent counter-irritation. A number of cases have been reported in which the constant employment of the continuous galvanic current has led to a decided amelioration of the attacks, and to a diminution in the size of the chest. Strychnia, which theoretically might seem to be indicated has been practically found to be useless.

The patient has been taking 1-60 gr. of atropia, three times a day; this will be changed to twice a day. Repeated blistering will also be resorted to, and, after a while, three grains of iodide of potassium five times a day will be given. Of course, any intercurrent bronchitis of an acute type appearing, it will be treated.

— Professor ROKITANSKY, of world-wide reputation, has recently been appointed life-member of the *Herrenhaus*, House of Lords, of Austria. This recognition of the merit of a professional brother seems to excite the liveliest sentiments of satisfaction in the German medical world, and congratulatory addresses pour in on every side to the newly made Peer.

## Medical Societies.

### PROCEEDINGS OF THE MEDICAL SOCIETY OF HARTFORD COUNTY, MD.

[Reported by the Secretary.]

The Society met at Bel Air, pursuant to adjournment, February 11th, 1868, the Vice-President, Dr. HOPKINS, in the chair.

An unusually large number of members were present.

The minutes of the previous meeting were read and approved.

The Committee appointed at a former meeting, of which Dr. LEE was chairman, to petition the County Commissioners for a fund to pay medical practitioners for some part of the services which they may render out-pensioners, reported through the chairman. The committee had not formally presented the petition, but had conversed with the Commissioners unofficially on the subject, and all had agreed to the justice of the petition, but stated, that in consequence of the unusually heavy expenses to which the County had recently been subjected, it was not regarded as probable that a favorable response could be made at this time. The committee, at its own request, was continued.

The report of the Committee on Printing was then called for; when Dr. Foxwood, the chairman, stated that its duties had been completed very satisfactory to the committee, and he hoped to the satisfaction of the Society. The results (Constitution, By-Laws, Code of Ethics, and Circulars), were in the hands of the members, and the Treasurer had paid the bill. The report was adopted.

Dr. LEE, who had been appointed at the previous meeting to procure rooms for the future meetings of the Society, stated the terms upon which he had fulfilled the duty. His report was unanimously accepted.

The Treasurer, Dr. LEE, made his annual report, which was approved by the Society.

All the members present paid their annual contribution; and those who had not previously paid their printing assessment, now did so.

The Secretary stated that he had in possession a paper, forwarded to him for presentation to this Society, by the Secretary of *The Medical and Chirurgical Faculty of Maryland*. It was a memorial to the State Legislature, which had been adopted by the State Medical Convention, asking for a supplement to an act, entitled "*An Act to establish and incorporate a Medical and*

*Chirurgical Faculty or Society in the State of Maryland;*" and also a petition appended, for an act entitled, "*An Act to Suppress the Crime of Unlawful Abortion.*"

The Secretary asked if the Society would hear the reading. The President stated that he had noticed in the newspapers that the petitions had already been presented to the Legislature, and had met with an adverse reception.

A motion was then made, and carried, that the memorial should be referred to a committee of three, with instructions to report at the next meeting. The President appointed Drs. LEE, FORWOOD, and W. W. HOPKINS, as the committee.

The Secretary then presented a paper, which he had just received from Dr. E. HALL RICHARDSON, of Bel Air, asking the signatures of such members as were willing to give their approval to a petition to the State Legislature, praying that the Legislature authorize our County Commissioners to levy a tax for the payment of medical men for their services to the paupers of the County. The petition was ordered to be read, when a member remarked that, as the petitioner was not a member of our Society, he would move that it be laid on the table; but before asking a vote, he allowed some remarks to be made, which were to the effect that the petitioner, though not a member of the Society, was an honorable member of our profession, and anything offered by him was entitled to our respectful attention. The motion to lay on the table was then withdrawn. The motion of Dr. W. W. HOPKINS was then carried, to refer the petition to the committee which the Society had already appointed on that subject.

Dr. FORWOOD remarked, that as the Lecturer for the day, Dr. W. W. VIRDIN, was absent, if the Society wished it, he would read a brief paper on the Composition of Pills of the

#### Sulphate of Quinine.

Dr. JNO. EVANS moved that Dr. FORWOOD be requested to read the paper, which was unanimously agreed to.

At the conclusion of the reading, the author asked the permission of the Society to publish his remarks in THE MEDICAL AND SURGICAL REPORTER, a journal which he knew was supported by several of our members, and he hoped that it would hereafter be supported by all. Unanimous consent was given for the publication.

While upon the subject of quinia, Dr. FORWOOD said he would refer to the enormous doses which the human system is capable of tolerating. He stated that during his recent visit to Alabama, in conversation with his friend Dr. FILES, of Clarke

County, he asked the Doctor what doses of this salt were given in his practice. He replied that twenty-grain doses were frequently administered in congestion, and even in remittent fever. In his own person, in one instance, when very low of fever, he had taken twenty grains of quinine every three hours. And, in attending a case of yellow fever, in consultation with Dr. DENNY, of the same county, they had administered thirty grains of quinia every three hours, for a period of twenty-four hours. The case recovered, while numbers in the immediate vicinity were dying of the same disease, while taking much smaller doses of the medicine.

Dr. FILES also related a case to the speaker, in which over three hundred grains of quinia had been taken within twelve hours, through a misunderstanding of directions. The case was of intermittent fever. The physician told the patient to go to a neighboring country store, and procure an ounce of quinine, meaning a solution which was usually kept at the store, composed of two grains to the drachm, and directed a teaspoonful to be taken every hour, until he called in the evening. The storekeeper gave the patient an ounce of the salt instead of the solution, and he took the dose directed, until he had taken at least three-fourths of the ounce. Upon the arrival of the physician he complained very much of ringing in his ears, but no ill effects resulted.

Dr. FORWOOD had not met with any cases in his practice, in Maryland, in which he thought it necessary to administer more than from five to ten grains of quinia at a dose, and at intervals of from three to six hours.

#### Bromide of Potassium.

Dr. SILVER asked the views of the members as to their experience in the use of the bromide of potassium.

Dr. JOHN EVANS stated that he had used it with satisfactory results in cases of ovarian dropsy; but he believed that the bromide of ammonium was preferable in many cases where the bromide of potassium was recommended.

#### Diphtheria.

Diphtheria having been announced at the last meeting as a subject for discussion, now came up. The views of Dr. FORWOOD, as presented in his lecture on the subject at the meeting previous, were generally approved.

Dr. HAYS stated that his experience bore him out in the practice that minute doses of calomel were advantageous in this disease, though he believed that full doses would kill.

Dr. FORWOOD stated that he would not assert that very small doses of calomel were not benefi-

cial in malarious districts, such as Dr. HAYS practiced in, but he thought it better as a rule to avoid the use of mercury under all circumstances, in this disease, even in the smallest dose, except perhaps in malarious districts, and then, if used at all, it should be prescribed with extreme caution.

Dr. W. J. EVANS said that calomel in fractional doses seemed beneficial as an alternative in some cases, but he would not recommend it as a rule.

Dr. FORWOOD stated that he had never seen a case of diphtheria recover after the false membrane had extended to the larynx and trachea, and related an account of an interesting case. His experience, however, was not wide, as he had only met with five or six cases of that character.

Drs. HAYS and W. J. EVANS stated that they had seen a case in consultation, which recovered after they believed the membrane had invaded the larynx.

Dr. HAYS spoke of the exudation appearing upon blistered or abraded surfaces, and stated that he never used stimulants or tonics until there were symptoms of depression or sinking. He regarded a solution of the nitrate of silver, forty grains to the ounce, as an application to the throat, of the utmost importance; and also recommended as a gargle, the decoction of white-oak bark.

Dr. FORWOOD said that he used stimulating and tonic treatment from the moment that the disease was diagnosed, and thought if their use was postponed until the appearance of the depressed stage, we would lose many cases by the delay.

Dr. SILVER stated that Dr. FORWOOD and himself had had several cases of diphtheria in consultation, and that he agreed with Dr. FORWOOD as to the necessity for the early use of stimulants and tonics; in which view Dr. FINNEY concurred.

Dr. ARCHER remarked that during his service as surgeon in the Confederate army, it was a very common practice with the army surgeons to use the oil of turpentine as a local application to the tonsils in cases of diphtheria, the treatment being apparently attended with marked success. His own experience with this remedy was not extensive, but he spoke from the experience of his professional friends.

Dr. FINNEY was pleased to have a corroboration of an accidental experience on his own part. He had, on one occasion, advised a patient in this disease to use turpentine as an external application to the throat; but, having misunderstood the directions, the remedy was applied to the internal parts. Upon his next visit he found

his patient much better than he had expected, and he had used the medicine in the same manner in other cases of the kind, with like results.

Dr. LEE introduced to the Society a highly interesting case of exfoliation of the tibia, in a lad about twelve years of age. Eight or nine inches of the denuded bone was exposed, but was not sufficiently detached to warrant removal at the present time.

The Chair announced Dr. JOHN EVANS as lecturer for the next meeting, his subject being an account of some of the more interesting surgical cases which had occurred in his own practice. Dr. LEE requested Dr. EVANS to embrace in his lecture some remarks upon the case of necrosis which had just been exhibited.

Dr. SILVER proposed that the Society discuss at its next meeting the virtues of the chlorate of potassa. The proposition was carried.

Dr. FORWOOD moved that the question, "Whether the use of the binder in cases of Midwifery is necessary, as a rule?" also be discussed at the next meeting. The motion was adopted.

The election of officers for the coming year was then gone into, with the following result:

President—THOMAS C. HOPKINS.

Vice-President—J. SAPPINGTON.

Secretary—W. STUMP FORWOOD.

Treasurer—R. D. LEE.

Censor—S. S. ROBINSON.

Delegates to the American Medical Association, J. M. FINNEY, WM. J. EVANS, JAS. M. MAGRAW. Alternate Delegates—J. SAPPINGTON, GEO. T. HAYS and S. J. RAMSAY.

The Society then adjourned, to meet on the second Tuesday in May.

#### The Introduction of Medicines through the Nasal Mucous Membrane.

Dr. RAIMBERT, of Bruxelles, (*Journal de Brux.*, xlv., p. 17, July, 1867,) recommends this method of introducing medicinal agents in diseases of the head, eyes, etc. He details several cases of neuralgia, cases of irido-choroiditis and photophobia, in which the snuffing up of five centigrammes of muriate of morphia, mixed with a gramme or two of finely powdered sugar or marshmallow root, every two or three hours, was followed by complete cessation of pain. He suggests the use of digitalis, nux vomica, iodide of potassium, in this way also. In the treatment of diseases affecting the mucous membrane of the pharyngo-nasal space, especially in the frontal sinus, accompanied with pain in the supra-orbital region, Dr. ELSBERG, of New York, has long used the same mode of insufflation with success.

## EDITORIAL DEPARTMENT.

## Periscope.

## Occluded Vagina Complicating Labor.

The following instructive case is given by Mr. DE LA GARDE, in the *British Medical Journal* for January 25th:

Some time since I received a note from a surgeon of my acquaintance, desiring me to meet him at a house which he named, about sixteen miles from Exeter, and to bring my midwifery instruments, for his patient was in hard labor, but could not be delivered, as she had no vagina. I found a strong, hale woman, between thirty and forty years of age. She had had severe and frequent pains for more than thirty-six hours. She was not at all exhausted, but was full of life and courage. She appeared unconscious of danger; and I only render justice in saying that she made no difficulty from first to last. Her own account was, that eight years before, she had, after a very protracted labor, been delivered with instruments. There had probably been laceration; there must have been sloughing. She had menstruated regularly since; and had lived with her husband on terms which satisfied both.

I found the labia, nymphæ, and clitoris, quite normal; but the vagina was closed, by adhesion of its sides, for two inches at least. This mass of cicatrix was faced by the adjacent lining of the labia, which extended across and sealed it up, except at the lower part, where a fistulous orifice would just allow an urethral bougie (No. 6) to be wormed through. This orifice was not found without difficulty; and, for three inches, the bougie had to be manœuvred through a narrow and tortuous passage, after which it went on without obstruction. About six inches of the bougie had been introduced; I drew it out much twisted. The last four inches were daubed with fæces; but she was not aware of this communication with the rectum. The meatus urinarius was bruised and stretched by an attempt to dilate it, made, for some motive not explained to me, by another surgeon who had been consulted the day before.

I had to choose between the Cæsarian section and opening up a passage through the pelvis. I preferred the latter. I drew off a quantity of foul urine, which blackened the catheter. Then I introduced a curved hernia director (a straight director would not pass) for about two inches, (the thickness of the occluding mass,) and, with

a probe-pointed bistoury, cut right and left, avoiding the urethra, bladder, and rectum. I could then introduce my finger into the os tincæ, and, although the membranes were unusually thick and tough, felt the head high up in the pelvis. The os might be about an inch in diameter. The edge was hard; but I waited, hoping it might yield, and that the head would then tear its way until it approached the perineum, which could be more easily dealt with. The pains were strong; but no progress was made in the next hour and a half. I again cut right and left, making the wound two inches and a half wide. Venous hemorrhage followed, but less than I expected. I had provided tincture of matricaria and tincture of muriate of iron, but neither of these styptics was required. I should have used the ether spray, but no apparatus was at hand. I found the os tincæ involved on the left side in the cicatrix. I divided its edge, where so attached, for about half an inch. I waited an hour, hoping the head would descend. It advanced a little, and then stopped. Then I forcibly pushed my whole hand up through the pelvis, rending the interlacing bands of cicatrix. The os uteri was well dilated and the head protruding into it. I ruptured the membranes, and the forehead presented. It was not possible to apply the forceps, but I lodged a vectis on the chin. During more than an hour I drew powerfully with every pain, but I made no progress. At length the woman began to fail; her pulse became feeble, and her skin cold and damp. Should I make one more effort to save the child? Could I not turn it? Perhaps I might; but I knew that I could never extricate its head in time to save its life, and that I should add greatly to the mother's peril by the attempt. I could not even ascertain the dimensions of the upper pelvic aperture; but the head was impacted within its brim, and the history of the first labor made its narrowness presumable. I therefore perforated the head, and broke up the cerebrum. This was done while the vectis had remained in its place; so, by drawing upon it afterward, whenever pains occurred, the cranium was emptied. Then I fixed a hook within, and the head was soon delivered. The placenta separated without difficulty.

The woman had no bad symptoms afterward. I suggested that when the wound granulated, a channel should be kept open by a large tent or bougie. I believe nothing was done, as the nurse did not approve. I had no personal charge of the case after the delivery. I have no doubt that the organs, at the time of impregnation, were in the same state as I found them.



**"Expressure" of the Fetus—A New Method of Delivery.**

Dr. KRISTELLER, of Berlin, formulates, in the *Monatsschrift für Geburtskunde* XXIX. p. 33, et seq. June 1867, the *expressure* of the fetus by external manipulation into a method. The parturient lying on her back, the obstetrician stands at her side, and by gentle manipulations, and pushing away the bowels, isolates the uterus from the neighboring organs, and places it, if too much forward, or too one-sided, more nearly in the axis of the pelvic canal. The uterus is then surrounded with the hands, in such a manner that the little fingers are toward the pelvis, and the wrists toward each other, the hollow of each hand grasps the womb, or the upper half of its sides, leaving the thumb upon the anterior surface, while the fingers, not too far apart, seek to get to the posterior surface of the womb. With thin relaxed abdominal walls, this is easily accomplished, and even when they are tense and fat, it can usually be done with some perseverance, especially when the patient is under the influence of an anæsthetic. The hands should always be accurately opposite each other. The uterus is then gently rubbed and kneaded, gradually more and more pressure is exerted, which, after being kept up at its acme, is gradually lessened. The pressure is to last from five to eight seconds, then after waiting from one to three minutes, according to the urgency of the case, the stage of the labor and the sensitiveness of the patient, it is to be repeated with a change, however, in the precise locality, *i. e.*, changing form the fundus to either superior lateral portion of the womb. While the os is but little open, lateral compressions—when it is wide and soft, fundal compressions are more in their place. These pressures may be repeated ten, twenty or forty times. In difficult cases an intermission of ten to fifteen minutes is advisable after ten or fifteen compressions. Toward the termination of labor the compressions may be repeated with shorter intervals than before. Sometimes a few compressions thus performed suffice to end a tedious labor that has remained in *statu quo* for many hours. In cases in which, after proper preliminaries, twenty to thirty compressions do not plainly show some good effect, the method is probably of no avail.

The author advises also the combination of his method of *expressure*, with manual or instrumental extractions when these are necessary. We omit, for the present, the author's detailed statements as to indications, powers, consequences, etc., of his method, as well as his cases.

The method is undoubtedly of great importance, and can certainly be tried in all cases where the child lies straight, whether head or breech present.

**New Anæsthetic—Bichloride of Methylene.**

Methylene is a fluid like chloroform in appearance and odor, but differing in its boiling point and its specific gravity. It boils at 88° Fahr., and has a specific gravity of 1.34; chloroform boils at 142°, and has a density of 1.49. This substance has chemical relations also with tetrachloride of carbon, the anæsthetic properties of which are known. Chemically speaking, the bichloride of methylene is constructed from the organic radical, methyl, represented by  $\text{C H}_3$ , by the withdrawal of one atom of hydrogen, giving methylene  $\text{C H}_2$ , and the addition of two of chlorine—thus  $\text{C H}_2 \text{Cl}_2$ . The composition of chloroform is  $\text{C H Cl}_3$ . It differs from the bichloride of methylene in having one atom of hydrogen less, and one atom of chlorine more in its composition. The radical methyl may enter into composition with chlorine, giving rise to the chloride of methyl,  $\text{C H}_3 \text{Cl}$ , which was discovered, in July, to have gentle anæsthetic properties, by Dr. RICHARDSON.

We have, then, a series of compounds.

- $\text{C H H H Cl}$ , Chloride of methyl.
- $\text{C H H Cl Cl}$ , Bichloride of methylene.
- $\text{C H Cl Cl Cl}$ , Chloroform.
- $\text{C Cl Cl Cl Cl}$ , Tetrachloride of carbon.

All of these compounds are anæsthetic, Dr. RICHARDSON having discovered the anæsthetic properties of the first of these in July last, and of the second, in August. That gentleman has experimented on himself and on animals with new anæsthetics; and two cases of ovariotomy in the practice of Mr. SPENCER WELLS have apparently proved satisfactorily the anæsthetic power of the bichloride of methylene, which, as it is intermediate in composition, Dr. RICHARDSON regards as also intermediate in strength between chloride of methylene and chloroform. Dr. RICHARDSON has drawn the following conclusions:

"In its action, the bichloride of methylene is more gentle, but as effective as chloroform; it produces less struggling, and less vascular excitement. Its narcotic effects are equally prolonged. It acts very uniformly on the nervous centres. It sometimes produces vomiting. When it is carried so far as to kill, it destroys by equally paralyzing the heart and the respiration. It interferes less than other anæsthetics with the muscular irritability."

Dr. RICHARDSON expects that it will prove less fatal than chloroform, which causes death, he estimates, once in fifteen hundred cases.—*Chemist and Druggist*.

## Notes and Comments.

### Foreign Medical Journals.

We receive frequent inquiries concerning the price, character, etc., of foreign medical journals. Many who have studied at the French or German universities, or are acquainted with these languages, deem it worth their while to subscribe to some foreign periodical, and thus both keep up their linguistic acquirements and extend their professional knowledge. There are a great number to choose from, and there is not a specialty, however minute, but has its organ in the active medical world across the water. We recommend such as wish to take some foreign periodical, to write to Mr. E. STEIGER, 17 North William street, New York City, and obtain from him his list of journals, which is very complete, both on medical and miscellaneous literature, and furnishes the prices of each. Mr. STEIGER's advertisement will be found in the REPORTER.

### The Boston Medical and Surgical Journal.

We observe that our cotemporary, the *Boston Medical and Surgical Journal*, has enlarged its size, and appears throughout in a new dress. It has adopted double-column pages of the same size as the REPORTER.

We are glad to see our Boston friend manifest such symptoms of prosperity, and also such taste in the choice of the form it has adopted.

### Violation of Agreement in Sale of Practice.

An interesting case, from the Court of Chester county, was decided by the Supreme Court of Pennsylvania, a few days since. Dr. THOMPSON purchased the medical practice of Dr. McCLURG, at West Grove, Chester county, but afterwards Dr. McCLURG again commenced practice at that place. Dr. THOMPSON entered suit against him, and asked for an injunction to restrain McCLURG from practicing at West Grove. This injunction was granted by the Court of Chester county, from which decision the defendant appealed to the Supreme Court. This tribunal affirms the decision of the Court below, and Dr. McCLURG is therefore restrained from practicing at West Grove. The point decided is an important one.

— Dr. EDWARD BATWELL, of Ypsilanti, Michigan, has become heir to \$90,000 through the death of an East India merchant in London, to whom, in years gone by, Dr. BATWELL had shown marked kindness.

### Our Great Masters.

Dr. B. W. RICHARDSON, of London, in the course of an address on *Research in Medicine*, delivered to the Saint Andrew's Medical Graduates' Association, makes the following eloquent allusion to the great masters in medicine: "So great is this limitation that the twenty-three centuries from the Father of Medicine have not brought twenty masters who at this moment are powerful to command. HIPPOCRATES still holds out the natural history of disease; PAULUS remains the foundation-stone of surgery; PARACELUS keeps the crucible; VESALIUS as yet is the anatomist; HARVEY still has his hand on the engine of the circulation; WILLIS is opening the skull-case and unrolling the brain; MAYO continues to teach that there is a furnace in the animal body burning by the air; BLACK and PRIESTLEY tell the nature of the combustion; HALLER adds physis to physis, and BOERHAAVE scientific chemistry. PINEL puts the psychical upon the physical; JOHN HUNTER links the physiology of animals inferior to that of the animal superior; JENNER stands out alone the revealer of a wholesome remedy; HUMPHREY DAVY, escaping from his nitrous oxide box, and exclaiming to Dr. KINGLAKE, 'Nothing exists but thoughts, the universe is composed of impressions, ideas, pleasures, and pains,'—leads the beneficent advance of those who have abolished the horror of the surgeon's knife; and LAENNEC, pronouncing a diagnostic on such safe physical basis as leaves no improvement on his principles, heads the last of the

"Tongues of our dead not lost,  
But speaking from death's frost  
Like fiery tongues at Pentecost."

### Physiology.

Professor ACLAND, of the University of Oxford, says, that every person, "whether he knows it or not—the statesman who has to consider the sustentation of the people—the religious man, that is, every one who believes in a moral government of the world, or hopes for a future state, and who has opinions on the history or origin of the human race—the animal man who prides himself on his strength, or whose strength is to him for a fortune—the mother, rich or poor, who yearns by night and by day for the health and growth of her tender offspring—the physician or philanthropist, who desires to arrest or relieve diseases among communities or individuals of men—each and all of them are alike interested in the steady progress of the most abstruse philosophical speculation of the physiologist, as certainly as the common rules of a healthy life which are to be safely deduced from them."

## Correspondence.

### DOMESTIC.

#### Abuse of Drugs.

[The following letter is from a well known and respected physician and medical teacher, who has now retired from the active practice of his profession.—EDS.]

#### EDITORS MEDICAL AND SURGICAL REPORTER:

I belong to that class of physicians among the regular profession who have come to the persuasion that confinement is a natural process, which in the whole animal kingdom only in exceptional cases needs to be interfered with in a mechanical way, and still less needs interference medically; in short, that a parturient woman is not sick. This, my persuasion, was perhaps the result of circumstances; before studying medicine, when quite young, I noticed some cases ending fatally among my immediate relations and friends, and my attention being involuntarily called to the doses of ergot, opium, belladonna, etc., administered at the occasion, I had my doubts if these had not contributed more to the fatal result than the confinement. Later, after having studied medicine, and graduated in one of our first medical colleges, I practiced in the largest city of our continent, especially obstetrics, had among the many hundreds of usual labor cases, a good many forceps deliveries, occasional twins, and also a sprinkling of face presentations, feet presentations, etc. I made it a rule never to give prescriptions whatsoever, and I found that often labor came so sudden and forcibly, after a longer or shorter intermission, that if I had been in the habit of prescribing ergot, I must confess I should surely have attributed it to the effect of this drug, and probably at this time be a firm believer in its efficacy and usefulness. I also abandoned even the custom of giving opiates after delivery, as I found it produced costiveness, derangement in the nervous and gastric functions, in the quality of the milk, in the health of the child, etc.

As during several years of practice I never had any case ending fatally to either mother or child, it may be interesting to mention my manner of proceeding. I was never in the necessity of turning, but left as much as possible to nature to produce delivery in the manner the fetus presented itself, except that I always made a very free use of the forceps, even in the common presentation, to save protracted pains to the mother, and time for myself. In cases of abnormal presentation, the forceps with other appliances and

manipulations, so well taught in our present colleges, aided by cool judgment, has helped me through successfully in every case. The umbilical cord I only tied at one spot, and cut between the ligature and placenta, producing a bleeding which I always let freely go on; this discharges the placenta of some blood, and makes its delivery easy—at least I never had any trouble in this respect. Gentle traction at the cord, applied in the right direction, when labor pains returned, or not returned, always delivered it rapidly.

I was very particular in recommending not to give anything else to the child but its own mother's milk, and that as soon as possible. Some people (principally among the lower classes) persist in giving to a newly born babe, sugar-water, molasses, the milk of some neighboring nursing woman, cow, or goat, or even gin. In a German family once they even prepared to give it a mush prepared with lager beer, and the poorer class of Irish usually want to give it whisky. To enlighten such people on the subject, I always asked them what they give to a newly-born calf, colt, pig, or even to their young cats and dogs, and persuaded them that a human child had, in this respect, exactly the same wants, and that nature's preparations are the best. To the mother I advised to take rest, banish the talking neighbors from the room, (by the way, this was the only thing in which I often most signally failed.) I prescribed beef-tea and other nourishing and easily digestible food; if they are accustomed to coffee, let it be weak and with much milk, etc. The result of all this was that there was rarely any trouble afterward, as fever, or indigestion of the mother or child, or any other drawbacks of this class.

I ought also to mention that at this period I carefully avoided dissecting rooms and students, also such wards in hospitals where gangrene and other contagious diseases were prevalent, and practised the most scrupulous cleanliness.

Now, Messrs. Editors, my daughter, who married last year, and lives in a distant city, was lately confined. She was treated medically, and it may be useful to many a young practitioner to peruse the following extract from a letter she wrote as soon as she was able. I hope it will induce many, for the good of the profession, not to do likewise.

"How I was dosed! After my first labor-pains had stopped, and I felt much relieved, the Doctor said he did not want those pains to stop, as nothing but some blood had passed; so he gave medicine to bring them on again. After delivery I had a great many pains, but the after-

birth would not come. The Doctor took a piece of it away with the forceps, and the other piece came by itself that night. Next day I was very well, and he prescribed vaginal injections, and I took medicine to stop the flow, and afterward something to make me sleep, which caused me much headache; therefore, next I got something for the same purpose, without the opiate. Also a purple mixture to put in the water for new injections, and as this did not stop the flow quick enough, muriate of iron for the same purpose. Are not these injections at such a time during the natural flow highly injurious? I believe so, and do not care what the M. D's say. I also believe that a woman at such a time does not want much besides good nursing and nutritious food, and an M. D's supervision and prompt assistance in case of an emergency. Next I took pills of opium and belladonna, which brought on a terrible spasm in the passage, so that I could not pass a drop of urine. As I have a tendency in that direction, certain remedies are especially injurious to me, but the Doctor did not know this, so he could not help it; but his next prescription of quinine and strychnine we threw away. Subsequently I had hemorrhage of the bladder, and now I am taking a turpentine mixture for this trouble."

This is a sample of treatment which I am, however, happy to say many physicians have abandoned; but as some still adhere to it, as well as to bloodletting, antimonials, etc., I ask: Is it a wonder that people lose their confidence in drugs, and their faith in M. D's, and that some ignorant quacks and humbugs flourish, whose only merit is, that they do not interfere with the *great vis medicatrix naturæ*. V.

N. Y., Feb. 15, 1868.

#### Mammoth Cave.

##### EDITORS MEDICAL AND SURGICAL REPORTER:

In the REPORTER of Jan. 4, I took occasion to correct what I considered as erroneous views which had been published by an *anonymous correspondent*, purporting to have been the results of the observations of Dr. H. RALLS SMITH, of Chicago, upon the permanent inhabitants of the Mammoth Cave of Kentucky. It was not to be inferred from the original publication, that Dr. SMITH indorsed any of the statements set forth by the anonymous writer.

My remarks, therefore, could not be construed into a criticism upon Dr. SMITH, or his observations, as the latter appears to receive them in his letter to the REPORTER of Feb. 8th. But should he imagine that he has cause to feel aggrieved, I take this opportunity of begging his pardon and disclaiming all intention of personality.

Dr. SMITH's remarks about "egotism," etc., are not deserving of any notice, further than to

say that it is a pitiful resort for evading a statement of his alleged "scientific observations."

Dr. SMITH now accepts the statements of the anonymous writer as his own; and in doing so, it is astonishing that he should have attempted a "reply" to my letter which omitted altogether the subject matter at issue.

I stated in my letter, that such naturalists as Professor AGASSIZ and WYMAN had published, several years ago, in *Silliman's Journal*, the results of their observations upon the fishes of the Mammoth Cave, and that they had recorded as the conclusions arrived at, that all the species of the blind fishes have rudimentary orbits; and Prof. WYMAN (*Silliman's Journal*, March, 1854) distinctly states that the blind fishes have the organ of hearing more largely developed than the fish that possess the organs of vision.

I have not made any examinations myself of the organs of fishes, but have accepted the views of Professors AGASSIZ and WYMAN, as published, as possessing more weight than the unsupported assertions of an anonymous newspaper correspondent. That correspondent told the public that Dr. H. RALLS SMITH had made "a variety of interesting and scientific experiments," which went to show that these eminent naturalists were in error; and being occupied on the subject at the time, and of course feeling a very deep interest in it, while objecting to the propagation of the views of the anonymous writer, I respectfully called upon Dr. SMITH to publish, over his proper signature, what the character of his experiments were, if any, and what results they led to. No one could have been more astonished than myself at the kind and style of answer received.

I again call upon Dr. SMITH to publish the "Observations" which will confute the assertions of the Professors before named. It is a matter of general interest, and one in which I feel particularly concerned, as I am anxious to procure information from all sources, with the view of perfecting still further the "design" which Dr. SMITH thinks so "egotistical," "to give a more complete account of this wonderful curiosity, (Mammoth Cave,) scientific and general, than was ever given to the public."

This may not be so difficult to do, when it is remembered that no general account exists, so far as I am aware. I trust Dr. SMITH will aid me in my "design," as it will afford me great pleasure to give a place to his scientific observations.

We will not dispute at present whether "flies, gnats, moths, spiders, centipedes, lizards, mice, men, women, and children, etc.," as Dr. SMITH



catalogues them, are or are not *permanent* inhabitants of the Cave; or whether, as he states, "they all journey toward heaven occasionally."

We are seeking information; and hope that Dr. SMITH and others who may possess any facts regarding the Mammoth Cave or its inhabitants, will communicate them.

W. STUMP FORWOOD, M. D.

Darlington, Md.

#### Producing the Sexes at Will.

[We are requested to insert the following letter, "whether we approve or disapprove" of it—and cheerfully do so, without note or comment.—EDS.]

EDITORS MEDICAL AND SURGICAL REPORTER:

Your correspondent "G." on the subject of producing the *Sexes at will*, says, that in *numerous instances* that have come under his observation, Professor THURY's theory has proved correct. These observations were, of course, confined to the human subject, for he adds that whenever coition has taken place, from two to six days after the cessation of the menses, girls have been produced, etc. I would like to inquire of G. what course he pursued in order to ascertain these facts; how he made these numerous observations of the sexual intercourse between men and their wives; for there is not one decent woman among my acquaintance that would not regard it as the grossest insult to be questioned by G., or any one else, on the subject of coition and sexual intercourse with her husband, and the questioner would soon be shown the door, with very possibly the weight of the husband's foot in his rear to hasten his exit.

That cannot be a very desirable state of society in which topics like these can be introduced into ordinary conversation, and any woman that enters into, or listens to such talk, must have laid aside the modesty of virtue. G., however, thinks it a subject of much interest to us all, and in this I agree with him, but in a sense precisely opposite to that in which he regards it. It is of much interest to us all, that this sort of useless and demoralizing speculations be kept out of journals intended for general circulation. I have, for instance, been in the habit of leaving the REPORTER on my table in my office, and I have seen ladies take it up and look over its pages, but if such articles are admitted, I shall feel morally bound to keep it carefully out of sight.

If this is a matter of such universal interest as G. affirms, and the method of producing boys or girls at will is discovered, why not make it universally known, by publishing it in all the

newspapers in the land, adding to it that other discovery that was long ago made, or said to be, of getting *beautiful children*? Although DARWIN said this last was of too delicate a nature to be unfolded to vulgar eyes, that was mere fastidiousness, let the discoveries go together under this caption, "The true method of begetting beautiful male or female children at will." Perhaps this course would improve the population of the country, and promote the interests of virtue and religion.

To conclude, every intelligent person knows that from the beginning of the world to the present time, there has ever been nearly an equality of numbers between the sexes; and this being an incontrovertible fact, it shows that all the time bestowed upon such speculations as those we have been considering, and which your correspondent thinks so vastly important, are useless, and I think, beyond controversy, degrading to the dignity of woman and the sacredness of marriage.

E. P.

Rhinebeck, N. Y., Feb. 20, 1868.

## News and Miscellany.

—HYPODERMIC INJECTIONS OF MORPHIA, to the number of two hundred weekly, are employed in the cancer wards of the Middlesex Hospital.—*N. Y. Med. Record.*

[Notices inserted in this column gratis, and are solicited from all parts of the country; Ordinary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

### MARRIED.

ARDEW-WARD.—Feb. 18, at Trinity Chapel, N. Y., by Rev. Dr. Higbie, Thomas B. Arden, of Ardenia, and Anna M., daughter of Dr. Thomas Ward, of New York city.

BRINKLEY-MORSEY.—Feb. 13, by the Rev. J. M. Crowell, D. D., H. F. Brinkley, of Somerset co., Md., and Ada W., second daughter of the late J. B. Morse, M. D., of Newton, Worcester co., Md.

KEIL-HART.—Feb. 11th, by Rev. Fletcher Hypes, Mr. Jacob H. Keil and Miss America Hart, daughter of Dr. S. Hart, of Camden, O.

SHERK-HUMPHREYS.—Feb. 19th, by Rev. Dr. R. W. Henry, Dr. J. Henry Sherk and Maggie H. Humphreys, both of this city.

### DIED.

CARD'EUX.—In Utica, N. Y., Feb. 5th, of consumption, Mary Rosanna, wife of Dr. J. N. Cardieux, aged 29 years, 2 months, and 11 days.

GATES.—Feb. 12th, in this city, Lella A. Gates, only daughter of Dr. W. H. and L. Kate Gates, aged 2 years and 5 months.

HOPBURN.—In this city, Feb. 19th, infant son of Dr. Charles W. and Frances E. Hopburn.

HUBER.—At his residence in Lancaster city, Pa., Feb. 15th, 1868, Dr. John F. Huber, late Brevet Lieut.-Col. and Surgeon, U. S. Vols., formerly in charge of U. S. A. General Hospital at Hilton Head, S. C., aged 31 years.

MANCHESTER.—In Pawtucket, R. I., Feb. 15th, Amelia Ames, wife of Dr. C. F. Manchester, in the 53th year of her age.

NEFF.—In Huntingdon, Pa., Feb. 21st, Dr. H. K. Neff.

YARDLEY.—In this city, Feb. 24, Ella J., daughter of the late Thomas H. Yardley, M. D.

## OBITUARY.

## Sir David Brewster.

Sir DAVID BREWSTER, who died in England on the 10th instant, at the age of eighty-seven years, was born in Scotland; studied divinity; became editor of the *Edinburgh Encyclopedia* in 1838, and was elected a Fellow of the Royal Society of Edinburgh. During the next ten years he studied optics, publishing his work on "New Philosophical Instruments" in 1813, and making several useful discoveries. In 1819 he assisted in establishing the *Edinburgh Philosophical Journal*, and, some time after, the *Edinburgh Journal of Science*.

During the later years of his life he was one of the editors of the *London and Edinburgh Philosophical Magazine*. He also contributed many articles to the reviews, and to the "transactions" of scientific societies. His best known works are the treatises on "the Kaleidoscope" and on "Optics," the "Letters on Natural Magic," and the "Life of Sir ISAAC NEWTON." His books were not, however, his only contributions to science. He invented the kaleidoscope and a lens which has proved very useful in lighthouses, and also made valuable discoveries in the polarization of light.

Sir DAVID certainly had no reason to complain of the ingratitude of the world to men of science. In 1807 he was made a doctor of laws by the University of Aberdeen; the next year obtained his Fellowship in the Royal Society of Edinburgh; received the Copley Medal of the Royal Society in 1815, and soon after became a Fellow of that august body; in 1816 received a grand prize from the French Institute, of which body he became a Foreign Associate in 1849; in 1819 received the Rumford Medals from the Royal Society; in 1831 he received a decoration from the King of Hanover, and the next year was knighted by William IV. At the time of his death he was a correspondent of the Royal Academies of Russia, Prussia, Sweden, and other countries, and a member of every scientific Society of any importance in Great Britain.—*N. Y. Evening Post*.

## Surgeon C. H. Page.

Assistant Surgeon CHARLES H. PAGE, of the flagship Hartford, Asiatic Squadron, died aboard ship in the Japanese waters, December 24, 1867. Surgeon PAGE was a native of New Hampshire, but was appointed from Massachusetts, where his family resided. He entered the service in February, 1863, and, with the exception of six months, has been on sea service since.

## Dr. John Davy.

The *Athenaeum* notices the death of Dr. JOHN DAVY, the younger brother of Sir HUMPHREY DAVY, aged 78, at Ambleside, where he had sojourned since he returned from the medical department of the army. He was able to continue his important chemical researches nearly to the time of his death, and communicated papers to the Royal Society in the course of last year.

## METEOROLOGY.

February.	10.	11.	12.	13.	14.	15.	16.
Wind.....	N. W.	N. W.	N. W.	S. W.	N. W.	S. W.	N. W.
Weather....	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain..							
Thermometer.							
Minimum.....	20°	7°	5°	14°	12°	11°	29°
At 8, A. M.....	18	13	15	23	20	27	34
At 12, M.....	20	20	31	37	35	37	36
At 3, P. M.....	20	21	31	37	35	42	39
Mean.....	19.50	15.25	20.50	27.75	25.50	29.25	32.75
Barometer.							
At 12, M.....	30.5	30.4	30.5	30.3	30.5	30.2	30.3
Germantown, Pa.							
B. J. LEBRON.							

PHILADELPHIA  
SUMMER SCHOOL OF MEDICINE.

ROBERT BOLLING, M.D.  
JAMES H. HUTCHINSON, M.D.  
H. LENOX HODGE, M.D.  
EDWARD A. SMITH, M.D.  
D. MURRAY CHESTON, M.D.  
HORACE WILLIAMS, M.D.  
GEORGE C. HARLAN, M.D.

The Fourth Session of the PHILADELPHIA SUMMER SCHOOL OF MEDICINE will begin March 1st, 1868, and will continue until October.

CLINICAL INSTRUCTION will be given from the first of March to the first of October.

LECTURES AND EXAMINATIONS will take place daily during April, May, June, and September.

## EXAMINATIONS.

ANATOMY, CHEMISTRY, PHYSIOLOGY,  
SURGERY, MATERIA MEDICA, OBSTETRICS,  
PRACTICE OF MEDICINE.

OPERATIVE AND MINOR SURGERY.—Lectures, and Demonstrations of Bandaging and Dressing of Fractures upon the Manikin and of Surgical Anatomy and Operations upon the Cadaver, by H. LENOX HODGE, M.D.  
PERCUSSION AND AUSCULTATION IN DISEASES OF THE LUNGS AND HEART.—Lectures and Clinical Examination of Patients, by JAMES H. HUTCHINSON, M.D.

MICROSCOPE.—The structure of the Microscope, and the manner of using it, will be explained, and the microscopical appearance of the tissues and fluids in health and disease will be exhibited by HORACE WILLIAMS, M.D.  
URINARY DEPOSITS AND TESTS.—Students will be instructed in the microscopical and chemical examination of the Urine, and will be enabled to make themselves familiar with the necessary manipulations, by JAMES H. HUTCHINSON, M.D.

MATERIA MEDICA.—Lectures by ROBERT BOLLING, M.D.  
DISEASES OF THE EYE.—Lectures upon the Anatomy, Physiology, and Diseases of the Eye, by GEORGE C. HARLAN, M.D.

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